

RECEIVED  
CENTRAL FAX CENTER

OCT 15 2007

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.  
Approved for use through 09/20/2007. OMB 0550-0001  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 5138 [86816(54716)]	
In re Application of Deepa Eveleigh et al.			
Application Number 10675,406-Conf. #7796	Filed September 30, 2003		
For METHODS FOR PREDICTION AND PROGNOSIS OF CANCER, AND MONITORING CANCER THERAPY			
Art Unit 1842	Examiner C. Joyce		

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.205X1) \$ 510.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-1105. I have enclosed a duplicate copy of this sheet.

☒ A petition for an extension of time under 37 CFR 1.136(s) (PTO/SB22) is enclosed.  
*(Note: 1 month time extension was previously paid. Total EOT due = \$340.00)*

I am the ☐ applicant/inventor, ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB186)

☐ attorney or agent of record.

Registration number \_\_\_\_\_

☒ attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 58,423

Date  
 October 15, 2007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

*Signature*  
 Gabriel J. McCool

Typed or printed name  
 Gabriel J. McCool

Telephone number  
 (203) 975-7505

Date  
 October 15, 2007

PAGE 0/6 \* RCVD AT 10/15/2007 2:25:08 PM [Eastern Daylight Time] \* SVR:USPTO-EF-XRF-3/18 \* DNS:2738300 \* CSID: \* DURATION (mm:ss):01:40

10/16/2007 PCHQHP 00000036 041105 10675406  
 02 FC:J401 510.00 DA